

234

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>Arizona</u>		State File No. <u>204</u>	
District or Township <u>Phoenix</u> or Village <u>Phoenix</u>		City <u>Phoenix</u> No. <u>1615-E West</u>		Registered No. <u>405</u>	
2. FULL NAME <u>Lillian Lumsay</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number).		Ward	
(a) Residence, No. <u>124</u>		(Usual place of abode)		Ward	
Length of residence in city or town where death occurred		yrs. mos. da.		How long in U. S. if of foreign birth? yrs. mos. da.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR or RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u> (Write the word)			
5a. If married, widowed, or divorced					
HUSBAND of <u>J. M. Lumsay</u>					
WIFE of <u>J. M. Lumsay</u>					
6. DATE OF BIRTH (month, day and year)					
7. AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Phoenix</u> (State or country)					
10. NAME OF FATHER <u>J. M. Lumsay</u>					
11. BIRTHPLACE OF FATHER <u>PA</u> (city or town) (State or country)					
12. MAIDEN NAME OF MOTHER <u>Mrs. Lumsay</u>					
13. BIRTHPLACE OF MOTHER <u>Kansas</u> (city or town) (State or country)					
14. Informant <u>Family</u> (Address)					
15. Filed <u>March 7</u> 19 <u>29</u> Registrar <u>W. J. Church</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>March 6</u> 19 <u>29</u> Month Day Year					
I HEREBY CERTIFY, That I attended deceased from <u>March 6</u> 19 <u>29</u> to <u>March 6</u> 19 <u>29</u>					
that I last saw her alive on <u>March 6</u> 19 <u>29</u>					
and that death occurred, on the date stated above, at <u>11</u> m.					
The CAUSE OF DEATH was as follows:					
<u>Congenital Heart Disease</u>					
(duration) yrs. mos. da.					
CONTRIBUTORY (Secondary)					
(duration) yrs. mos. da.					
18. Where was disease contracted					
If not at place of death?					
Did an operation precede death? <u>no</u> Date of					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>Clinical</u>					
(Signed) <u>W. J. Church</u> M. D.					
March 7 1929 (Address) <u>323 Adams</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u>					
DATE OF BURIAL <u>3/6/29</u>					
20. UNDERTAKER <u>W. J. Church</u>					
ADDRESS <u>Phoenix</u>					